

Health Care Financing Administration, HHS

§ 436.1004

the State's less restrictive financial methodology specified in the State Medicaid plan in accordance with § 436.601. In determining the amount of an individual's resources for Medicaid eligibility, States must count amounts of resources that otherwise would not be counted under the conditional eligibility provisions of the AFDC program.

(d) Apply the resource standards established under § 436.840.

[43 FR 45218, Sept. 29, 1978, as amended at 46 FR 47992, Sept. 30, 1981; 58 FR 4938, Jan. 19, 1993]

Subpart J—Eligibility in Guam, Puerto Rico, and the Virgin Islands

SOURCE: 44 FR 17939, Mar. 23, 1979, unless otherwise noted.

§ 436.900 Scope.

This subpart sets forth requirements for processing applications, determining eligibility, and furnishing Medicaid.

§ 436.901 General requirements.

The Medicaid agency must comply with all the requirements of part 435, subpart J, of this subchapter, except those specified in § 435.909.

§ 436.909 Automatic entitlement to Medicaid following a determination of eligibility under other programs.

The agency may not require a separate application for Medicaid from an individual if the individual receives cash assistance under a State plan for OAA, AFDC, AB, APTD, or AABD.

Subpart K—Federal Financial Participation (FFP)

§ 436.1000 Scope.

This subpart specifies when, and the extent to which, FFP is available in expenditures for determining eligibility and for Medicaid services to individuals determined eligible under this part, and prescribes limitations and conditions on FFP for those expenditures.

FFP FOR EXPENDITURES FOR DETERMINING ELIGIBILITY AND PROVIDING SERVICES

§ 436.1001 FFP for administration.

(a) FFP is available in the necessary administrative costs the State incurs in determining and redetermining Medicaid eligibility and in providing Medicaid to eligible individuals.

(b) Administrative costs include any costs incident to an eye examination or medical examination to determine whether an individual is blind or disabled.

§ 436.1002 FFP for services.

(a) FFP is available in expenditures for Medicaid services for all recipients whose coverage is required or allowed under this part.

(b) FFP is available in expenditures for services provided to recipients who were eligible for Medicaid in the month in which the medical care or services were provided, except that, for recipients who establish eligibility for Medicaid by deducting incurred medical expenses from income, FFP is not available for expenses that are the recipient's liability.

[43 FR 45218, Sept. 29, 1978, as amended at 44 FR 17940, Mar. 23, 1979]

§ 436.1003 Recipients overcoming certain conditions of eligibility.

FFP is available for a temporary period specified in the State plan in expenditures for services provided to recipients who are overcoming certain eligibility conditions, including blindness, disability, continued absence or incapacity of a parent, or unemployment of a parent.

[45 FR 24888, Apr. 11, 1980]

§ 436.1004 Institutionalized individuals.

(a) FFP is not available in expenditures for services provided to—

(1) Individuals who are inmates of public institutions as defined in § 435.1009; or

(2) Individuals under age 65 who are patients in an institution for mental diseases unless they are under age 22 and are receiving inpatient psychiatric

§ 436.1005

services under § 440.160 of this subchapter.

(b) The exclusion of FFP described in paragraph (a) of this section does not apply during that part of the month in which the individual is not an inmate of a public institution or a patient in an institution for mental diseases.

(c) An individual on conditional release or convalescent leave from an institution for mental diseases is not considered to be a patient in that institution. However, such an individual who is under age 22 and has been receiving inpatient psychiatric services under § 440.160 of this subchapter is considered to be a patient in the institution until he is unconditionally released or, if earlier, the date he reaches age 22.

[43 FR 45204, Sept. 29, 1978, as amended at 50 FR 13200, Apr. 3, 1985; 50 FR 38811, Sept. 25, 1985]

§ 436.1005 Definitions relating to institutional status.

For purposes of FFP, the definitions in § 435.1009 of this subchapter apply to this part.

PART 440—SERVICES: GENERAL PROVISIONS

Subpart A—Definitions

Sec.

- 440.1 Basis and purpose.
- 440.2 Specific definitions; definitions of services for FFP purposes.
- 440.10 Inpatient hospital services, other than services in an institution for mental diseases.
- 440.20 Outpatient hospital services and rural health clinic services.
- 440.30 Other laboratory and X-ray services.
- 440.40 Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease), EPSDT, and family planning services and supplies.
- 440.50 Physicians' services and medical and surgical services of a dentist.
- 440.60 Medical or other remedial care provided by licensed practitioners.
- 440.70 Home health services.
- 440.80 Private duty nursing services.
- 440.90 Clinic services.
- 440.100 Dental services.
- 440.110 Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.

42 CFR Ch. IV (10–1–00 Edition)

- 440.120 Prescribed drugs, dentures, prosthetic devices, and eyeglasses.
- 440.130 Diagnostic, screening, preventive, and rehabilitative services.
- 440.140 Inpatient hospital services, nursing facility services, and intermediate care facility services for individuals age 65 or older in institutions for mental diseases.
- 440.150 Intermediate care facility (ICF/MR) services.
- 440.155 Nursing facility services, other than in institutions for mental diseases.
- 440.160 Inpatient psychiatric services for individuals under age 21.
- 440.165 Nurse-midwife services.
- 440.166 Nurse practitioner services.
- 440.167 Personal care services.
- 440.170 Any other medical or remedial care recognized under State law and specified by the Secretary.
- 440.180 Home or community-based services.
- 440.181 Home and community-based services for individuals age 65 or older.
- 440.185 Respiratory care for ventilator-dependent individuals.

Subpart B—Requirements and Limits Applicable to All Services

- 440.200 Basis, purpose, and scope.
- 440.210 Required services for the categorically needy.
- 440.220 Required services for the medically needy.
- 440.225 Optional services.
- 440.230 Sufficiency of amount, duration, and scope.
- 440.240 Comparability of services for groups.
- 440.250 Limits on comparability of services.
- 440.255 Limited services available to certain aliens.
- 440.260 Methods and standards to assure quality of services.
- 440.270 Religious objections.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45224, Sept. 29, 1978, unless otherwise noted.

Subpart A—Definitions

§ 440.1 Basis and purpose.

This subpart interprets and implements the following sections of the Act:

1905(a) Services included in the term “medical assistance.”

1905 (c), (d), (f) through (i), (l), and (m) Definitions of institutions and services that are included in the term “medical assistance.”

1913 “Swing-bed” services. (See §§ 447.280 and 482.66 of this chapter for related provisions on “swing-bed” services.)